

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

(Schedule E)

PAGE 1 OF 2
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) VICTORY 2016		FEC IDENTIFICATION NUMBER ▼ C C00572792	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Black Hills Consultants			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 03 / 2016		
Mailing Address 110 E Center St, Suite 2053			Amount 16500.00		
City Madison	State SD	Zip Code 57042	Transaction ID : SE.4986		
Purpose of Expenditure Television advertising		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 10 / 31 / 2016		
Name of Federal Candidate CLINTON, Hillary, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

Full Name of Payee Black Hills Consultants			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 03 / 2016		
Mailing Address 110 E Center St, Suite 2053			Amount 3000.00		
City Madison	State SD	Zip Code 57042	Transaction ID : SE.4987		
Purpose of Expenditure Radio Advertising		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 10 / 31 / 2016		
Name of Federal Candidate CLINTON, Hillary, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	19500.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Olney, Norman, , Mr.,

[Electronically Filed]

Date

MM / DD / YYYY
11 / 03 / 2016

Signature